

Sanitation and Environmental Services
417 Century Ct Franklin, TN 37064
Office: 615-794-1516 FAX: 615-791-3289



Application for Disposal Service

Type of Business: ☐ Individual ☐ Partnership ☐ Corporation
Complete Firm Name: _____
Do you currently have accounts with the City of Franklin? _____ Account # _____

Federal ID # _____ Social Security # _____
(Corporation) (Individual/Partnership)
Physical Location: _____
(# Street) (City) (State) (ZIP)
Billing Location: _____
(# Street) (City) (State) (ZIP)
Phone: _____ Fax: _____
Accounts Payable Contact: _____

BANK: Phone TYPE OF ACCOUNT (Savings/Checking/Loan)

TRADE REFERENCES PHONE ADDRESS

I understand the above information is given for the purpose of obtaining disposal services from the City of Franklin and I certify that, to the best of my knowledge, the above information is complete and accurate as of the date of this application.

DATE

AUTHORIZED CUSTOMER SIGNATURE/TITLE

TERMS AND CONDITIONS

APPROVAL, REVOCATION OF ACCOUNT: The right to make use of Sanitation and Environmental Services disposal service is expressly conditioned on approval by the City of Franklin. The City may revoke this right and insist upon priorpayment for any or no reason. The City's agreement to provide services in advance of payment on one occasion shall not obligate the City to do so on any other occasion. Any account with a delinquent balance may be placed on a cash basis at any time at the sole discretion of the City.

APPLICABLE LAW/CHOICE OF FORUM AND VENUE: This agreement is made under and will be construed in accordance with the laws of the State of Tennessee without giving effect to that state's choice of law rules. The parties' choice of forum and venue shall be solely in the Courts of Williamson County, Tennessee.

COLLECTION COSTS/ATTORNEY'S FEE: In the event of any dispute or litigation with respect to this account or any invoice or user fees, the City shall be entitled to recover intrest and resonable fees, including attorney's fees, in addition to any other relief to which it may be entitled.

REFERENCE AUTHORIZATION: Applicant's signature on this Application authorizes the City and its agents to make inquiries of any institution or persons the City deems necessary to obtain a complete credit history, including reports from credit agencies. This authorization is for inquiry without respect to those reported by the Applicant. Applicant's signature also insures indemnity to any person or institution who responds to said request.

I HAVE READ, UNDERSTAND, AND AGREE TO THESE TERMS AND CONDITIONS:

APPLICANT'S SIGNATURE TITLE DATE